Inhaled steroids: more harm than good in COPD

In people who suffer from COPD, a progressive lung disease that makes it hard to breathe, adding an inhaled steroid to a so-called "long-acting beta-2 agonist" may do more harm than good, new research hints. The benefit of the two-drug approach in COPD is limited, and furthermore, it's accompanied by substantial risks of pneumonia and other infections, the research team reports.

Still, current guidelines recommend this combination for reducing exacerbations in patients with severe and very severe COPD, Dr. Gustavo J. Rodrigo, from Hospital Central de las Fuerzas Armadas in Montevideo, Uruguay, and his associates point out in the October issue of the journal Chest.

Two examples of drugs that contain only a long-acting beta-2 agonist, or LABA, are Serevent [salmeterol] and Foradil [formoterol]. Two examples of drugs that contain both a LABA and an inhaled steroid are Advair [fluticasone /salmeterol] and Symbicort [Budesonide/Formoterol].

In a large systematic review, Rodrigo and his colleagues compared the safety and efficacy of regular use of the two agents with that of regular use of a LABA alone. Their literature search turned up 18 randomized controlled trials involving 12,446 stable patients with moderate-to-very severe COPD.

In the pooled analysis, combination therapy was associated with a significantly reduced risk of moderate COPD flare ups compared with LABA-only therapy (17.5 percent vs 20.1 percent). Combined treatment had no effect on the incidence of severe COPD exacerbations, however.

Moreover, compared with the single-drug approach, the two-drug approach produced significantly greater improvements in lung function and health-related quality-of-life.

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The authors emphasize, though, that "the size of these benefits did not reach the suggested clinically important minimal differences."

The investigators also found that adding inhaled steroids to the treatment regimen significantly increased patients' risk of developing pneumonia (by 63 percent), viral respiratory infections (by 22 percent), and fungal infections in the mouth (by 59 percent).

And the two-drug approach did not reduce overall death rates compared with single-drug therapy.

Ibuprofen or Tylenol with codeine for broken arms?

Considering what pain medication to give your kid with a broken arm? Ibuprofen - marketed as Advil - is just as good as the potent combination of acetaminophen (Tylenol) plus codeine, with fewer side effects, according to a new study.

Drendel's study, reported in the Annals of Emergency Medicine, began with 336 children, 4 to 18 years of age, treated in the emergency department for a broken arm. Half were given ibuprofen, and half were given or acetaminophen with codeine.

Researchers judged how well a drug worked by seeing how many children needed other pain medications. There was no appreciable difference between the two groups in that regard.

However, playing and eating were less likely to be affected by pain in children treated with ibuprofen. By contrast, the analgesic used made little difference regarding the effect of pain on school or sleep.

During the 3-day study period, about half of those children treated with acetaminophen/codeine reported a significant side effect, compared with about 30 percent of those given ibuprofen. Nausea and vomiting were also significantly higher in the acetaminophen/codeine group.

On day 1, more parents of children in the ibuprofen group were satisfied or very satisfied with their child's treatment - 86 percent vs. 68 percent. Children also seemed more satisfied with ibuprofen, because they tasted better.

Based on the results, "Ibuprofen is preferable to acetaminophen with codeine for outpatient treatment of children with uncomplicated arm fractures," the authors concluded.

References


SOURCE:

Cocaine Vaccine Shows Promise for Treating Addiction

Immunization with an experimental anti-cocaine vaccine resulted in a substantial reduction in cocaine use in 38 percent of vaccinated patients in a clinical trial supported by the National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health. The study, published in the October issue of the Archives of General Psychiatry, is the first successful, placebo-controlled demonstration of a vaccine against an illicit drug of abuse.

"The results of this study represent a promising step toward an effective medical treatment for cocaine addiction," said NIDA Director Dr. Nora Volkow. "Provided that larger follow-up studies confirm its safety and efficacy, this vaccine would offer a valuable new approach to treating cocaine addiction, for which no FDA-approved medication is currently available."

Like vaccines against infectious diseases such as measles and influenza, the anti-cocaine vaccine stimulates the immune system to produce antibodies. Unlike antibodies against infectious diseases, which destroy or deactivate the disease-causing agents, anti-cocaine antibodies attach themselves to cocaine molecules in the blood, preventing them from passing through the blood-brain barrier. By preventing the drug’s entry into the brain, the vaccine inhibits or blocks the cocaine-induced euphoria.

"In this study immunization did not achieve complete abstinence from cocaine use," added Dr. Kosten. "Previous research has shown, however, that a reduction in use is associated with a significant improvement in cocaine abusers’ social functioning and thus is therapeutically meaningful."

References

Miscarriage Treatment Won't Harm Future Fertility

The current treatments for women who've had an early miscarriage don't affect their long-term fertility, new research shows. About 15 percent of pregnancies end in miscarriage in the first trimester. For decades, standard treatment was surgery to remove tissue remaining in the uterus, but now many women are offered...
expectant (watch and wait) and medical treatment as well, according to background information in the study.

The new British study, published online Oct. 9 in the BMJ, included 762 women who had received surgical, medical or expectant management for an early miscarriage. Asked about subsequent pregnancies and live births, 83.6 percent of the women reported a subsequent pregnancy and 82 percent had had a live birth.

Live birth within five years of miscarriage was reported by 78.7 percent of those who received medical treatment, 79 percent who received expectant management, and 81.7 percent of those who had had surgery, the researchers found.

Older women and those who experienced three or more miscarriages were much less likely to have a subsequent live birth, the study authors noted.

"Women can be reassured that long-term fertility concerns need not affect their choice of miscarriage management method," the researchers concluded.

SOURCE:

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